

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DM	18 7222-3	11 30 CD 12/18/00
RESPONSE/FORMALITY REVIEW			

09/696674

INDEX OF CLAIMS

- | | |
|---------------------------------|----------------------|
| ✓ Rejected | N Non-elected |
| = Allowed | I Interference |
| - (Through numeral)... Canceled | A Appeal |
| + Restricted | O Objected |

Claim		Date	
Final	Original		
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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